

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020430

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: BLACK EYE PRODUCTIONS, LLC

**Current Principal Place of Business:**

220 CENTRAL PARKWAY  
SUITE 1020  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

220 CENTRAL PARKWAY  
SUITE 1020  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 54-2067624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACK DICKS  
220 EAST CENTRAL PARKWAY  
SUITE 1020  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

DICKS, JACK W  
220 EAST CENTRAL PARKWAY  
SUITE 1020  
ALTAMONTE SPRINGS, FL 32701 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JACK W DICKS

04/22/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DICKS, JAMES  
Address: 220 E. CENTRAL PARKWAY, SUITE 1020  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES DICKS

MGRM

04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date